

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Quinn et al. Docket No. EI-084-US-02
Serial No. CPA of 09/300,544 Filing Date: April 27, 1999
Examiner: P. Mulcahy Group Art Unit: 1713
Invention: IMPROVED HOT MELTS UTILIZING A HIGH GLASS TRANSITION
TEMPERATURE SUBSTANTIALLY SATURATED ALIPHATIC
TACKIFYING RESIN

OFFICIAL

I hereby certify that the following is being facsimile transmitted to the United States
Patent and Trademark Office to Fax. No. 703-872-9310:

1. Amendment Transmittal Letter, 1 page, 1 copy page;
2. Amendment Under 37 CFR 1.111, 3 pages; and
3. Exhibit A, 9 pages.

02/24/2003
Date
Julie G. Post
Signature of Person Signing Certificate

Julie G. Post
Typed or Printed Name of Person Signing Certificate

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(17) Pages

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. EI-084-US-02	
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Serial No. CPA of 09/300,544	Filing Date 04/27/1999	Examiner P. Mulcahy		Group Art Unit 1713	
Invention: IMPROVED HOT MELTS UTILIZING A HIGH GLASS TRANSITION TEMPERATURE SUBSTANTIALLY SATURATED ALIPHATIC TACKIFYING RESIN					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	30 -	30 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	5 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-2241 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
Bin Su <i>Signature</i>			Dated: 02/24/03		
Bin Su, Reg. No. 51,309 H.B. Fuller Company Patent Department 1200 Willow Lake Blvd. P.O. Box 64683 St. Paul, MN 55164-0683 Phone No. 651-236-5502 Fax No. 651-236-5126					
CERTIFICATE OF FACSIMILE I hereby certify under 37 CFR § 1.8 that this correspondence is being transmitted to the United States Patent and Trademark Office, to File No. <u>703-872-9310</u> on <u>02/24/2003</u> . Signature <u>Julie G. Post</u> Julie G. Post Typed or Printed Name of Person Signing Certificate					
CC:					

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